AUGUST 8, 2014

LANCASTER COUNTY AG SOCIETY DBA LANCASTER EVENT CENTER 4100 N 84<sup>TH</sup> ST LINCOLN NE 68507

#### NOTICE OF HEARING ON LIQUOR APPLICATION

### APPLICANT OR DESIGNATED REPRESENTATIVE IS REQUIRED TO ATTEND THIS HEARING.

Notice is hereby given that the City Council of the City of Lincoln, Nebraska, will hold a hearing in the Council Chambers in the County-City Building of said City, 555 S. 10th St., on MONDAY, SEPTEMBER 8, 2014 AT 3:00 P.M., for the following applications of:

LANCASTER COUNTY AG SOCIETY DBA LANCASTER EVENT CENTER FOR AN OUTDOOR SDL FOR THE DIRTY GIRL EVENT AT 4100 N 84<sup>TH</sup> ST ON SATURDAY, SEPT. 20<sup>TH</sup> FROM 9A - 3P

LANCASTER COUNTY AG SOCIETY DBA LANCASTER EVENT CENTER FOR AN OUTDOOR SDL FOR THE TRUCK & TRACTOR PULL EVENT AT 4100 N 84<sup>TH</sup> ST ON SATURDAY, OCT. 11<sup>TH</sup> FROM 9A - 6P

\*Please note: Even if you have had this event in the past, you are still required to attend this meeting.

At said time and place, the City Council will receive competent evidence under oath, either orally or by affidavit, from any person bearing upon the propriety of the issuance of said license as provided by law. Council requires that the applicant or designated representative attend the meeting to answer any possible questions.

TERESA J. MEIER CITY CLERK

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DESIG CITY OF 555 S 10 LINCOL	ICATION FOR SPECIAL  GNATED LICENSE  F LINCOLN CITY CLERK'S OFFICE	Octs II	TY OF LINCOLN NEBRASKA		
	PROFIT APPLICANT  Non Profit Status (check one that best applies):  Municipal O Political O Fine Arts O Fraternal O		S D NOE		
COMP	PLETE ALL QUESTIONS				
1.	Beer☑ Wine ☐ Distilled Spirits ☐				
2.	Liquor license number and class (i.e. C55441, CK5 (If you're a nonprofit organization leave blank)	i5441)	50620		
3.	Licensee name (last, first,), corporate name or limit your liquor license)	ted liability company (LLC)	name (As it reads on		
	NAME: Lancaster (	b An Sor	iptul		
	ADDRESS: 4100 N 84th	St			
	CITY: LINCOLN	ZIP:	68507		
4. Location where event will be held; name, address, city, county, zip code					
	BUILDING NAME: Lancaster Event Conter				
	ADDRESS: 4100 N 84th	CITY: (	incoln		
	ZIP: 68507	COUNTY & COUNTY:	ancaster		
	a. Is this location within the city/village limits?		YES NO		
	<ul> <li>Is this location within the 150' of church, scho for aged/indigent or for veterans and/or wives</li> </ul>	ol, hospital or home ?	YES NO		
	c. Is this location within 300' of any university or	college campus	YES NOB		

<u>o.</u>	Date(s) and	i time(s) or event	(no more than six	(6) consecutive	days on one app	lication)	
Date	1114	Date	Date	Date	Date	Date	
		Hours				_	
Hours	2	From	Hours	Hours	Hours	Ua	
From		10111	From	From		Hours	
From	00 Am	То		L	From	From	
110	!W Am		То	То	То	То	
	T						
	a. Alter	rnate date:	none		-		
		rnate location:	none				
	(Alte	ernate date or loc	ation must be sp	ecified in local	approval)		
				24			
6.	ODance	e of activity to be on OReception			er Garden (	00 E - T - E	
	Other:		or und Raisei	Clack	er Garden (	OSampling/Tasting	
7.	Description of area to be licensed						
	Inside building, dimensions of area to be covered IN FEETx						
	(not square feet or acres)						
	*Outdoor area dimensions of area to be covered IN FEET 50 x 550 *SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch)						
		SC	e ska	tch			
	If outdoor ar	ea, how will premis	ses be enclosed?				
	fence	snow fend	e <u></u> chain	link	cattle panel _	tent	
	other:				_		
8.	How many attendees do you expect at event? _500						
9.	If over 150 attendees. Indicate the steps that will be taken to prevent underage persons from obtaining						
	alcohol beverages. (Attach separate sheet if needed)  Attendeds will be 10 and wristbanded. LEC						
	Will	hire Se	curity 5	Staff			
40	VACID .		P				
10.		s to be covered by					
	a. Are t	here separate toile	is ioi both men al	iu women?	YESE	10 🗆	

11.	Retailer: Will you be purchasing your alcohol from a wholesaler? YESD NOD Non-Profit: Where will you be purchasing your alcohol?  Wholesaler			
12.	Will there be any games of chance operating during the event? YES NOD			
	NOTE: Only games of chance approved by the Department of Revenue, Charitable Gaming Division are permitted. All other forms of gambling are prohibited by State Law: There are no exceptions for Non Profit Organizations or any events raising funds for a charity. This is only an application for a Special Designated License under the Liquor Control Act and is not a gambling permit application.			
13.	Any other information or requests for exemptions (must be received by Commission 30 days prior to event, complete NLCC form 140):			
14.	Name and <b>telephone number/cell phone number</b> of immediate <b>supervisor</b> . This person will be at the location of the event when it occurs, able to answer any questions from Commission and/or law enforcement before and during the event, and who will be responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to. <b>PLEASE PRINT LEGIBLY</b>			
	Print name of Event Supervisor: Supervisor: Signature of Event Supervisor:			
	Event Supervisor phone: Before 402 441-6545 During 403 730-1241  Email address: 5000 1000 2000 2000 2000 2000 2000 2000			
15.	Consent of Authorized Representative/Applicant I declare that I am the authorized representative of the above named license applicant and that the statements made on this application are true to the best of my knowledge and belief. I also consent to an investigation of my background including all records of every kind including police records. I agree to waive any rights or causes of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or any other individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the license applied for will not be used by any other person, group, organization or corporation for profit or not for profit and that the event will be			
sign here	Supervised by persons directly responsible to the holder of this Special Designated License.  Managing Director 6/05/14  Authorized Representative/Applicant Title Date			

This individual must be listed on the application as an officer or stockholder unless a letter has been filed appointing an individual as the catering manager allowing them to sign all SDL applications.

The law requires that no special designated license provided for by this section shall be issued by the Commission without the approval of the local governing body. For the purposes of this section, the local governing body shall be the city or village within which the particular place for which the special designated license is requested is located, or if such place is not within the corporate limits of a city or village, then the local governing body shall be the county within which the place for which the special designated license is requested is located.

#### This page is required to be completed by Non Profit applicants only.

## Application for Special Designated License Under Nebraska Liquor Control Act Affidavit of Non-Profit Status

I HEREBY DECLARE THAT THE CORPORATION MAKING APPLICATION FOR A SPECIAL DESIGNATED LICENSE UNDER THE NEBRASKA LIQUOR CONTROL ACT IS EITHER A MUNICIPAL CORPORATION, A FINE ARTS MUSEUM INCORPORATED AS A NONPROFIT CORPORATION, A RELIGIOUS NONPROFIT CORPORATION WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES, A POLITICAL ORGANIZATION WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES, OR ANY OTHER NONPROFIT CORPORATION, THE PURPOSE OF WHICH IS FRATERNAL, CHARITABLE, OR PUBLIC SERVICE AND WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES AS PER §53-124.11(1).

AS SIGNATORY I CONSENT TO THE RELEASE OF ANY DOCUMENTS SUPPORTING THIS DECLARATION AND ANY DOCUMENTS SUPPORTING THIS DECLARATION WILL BE PROVIDED TO THE NEBRASKA LIQUOR CONTROL COMMISSION, THE NEBRASKA STATE PATROL OR ANY AGENT OF THE LIQUOR CONTROL COMMISSION IMMEDIATELY UPON DEMAND. I ALSO CONSENT TO THE INVESTIGATION OF THIS CORPORATE ENTITY TO DETERMINE IT'S NONPROFIT STATUS.

I AGREE TO WAIVE ANY RIGHTS OR CAUSES OF ACTION AGAINST THE NEBRASKA LIQUOR CONTROL COMMISSION, THE NEBRASKA STATE PATROL OR ANY PARTY RELEASING INFORMATION TO THE AFOREMENTIONED PARTIES.

Ancaster County (19 Socie
NAME OF CORPORATION

47 - 0786365

FEDERALID NUMBER

SIGNATURE OF TITLE OF CORPORATE OFFICERS

NOTARY PUBLIC SIGNATURE & SEAL

THE ABOVE INDIVIDUAL STATES THAT THE STATEMENT ABOVE IS TRUE AND CORRECT: IF ANY FALSE STATEMENT IS MADE ON THIS APPLICATION, THE APPLICANT SHALL BE DEEMED GUILTY OF PERJURY AND SUBJECT TO PENALTIES PROVIDED BY LAW. (SEC. §53-131.01) NEBRASKA LIQUOR CONTROL ACT

SUBSCRIBED IN MY PRESENCE AND SWORN TO BEFORE ME THIS

DAY OF

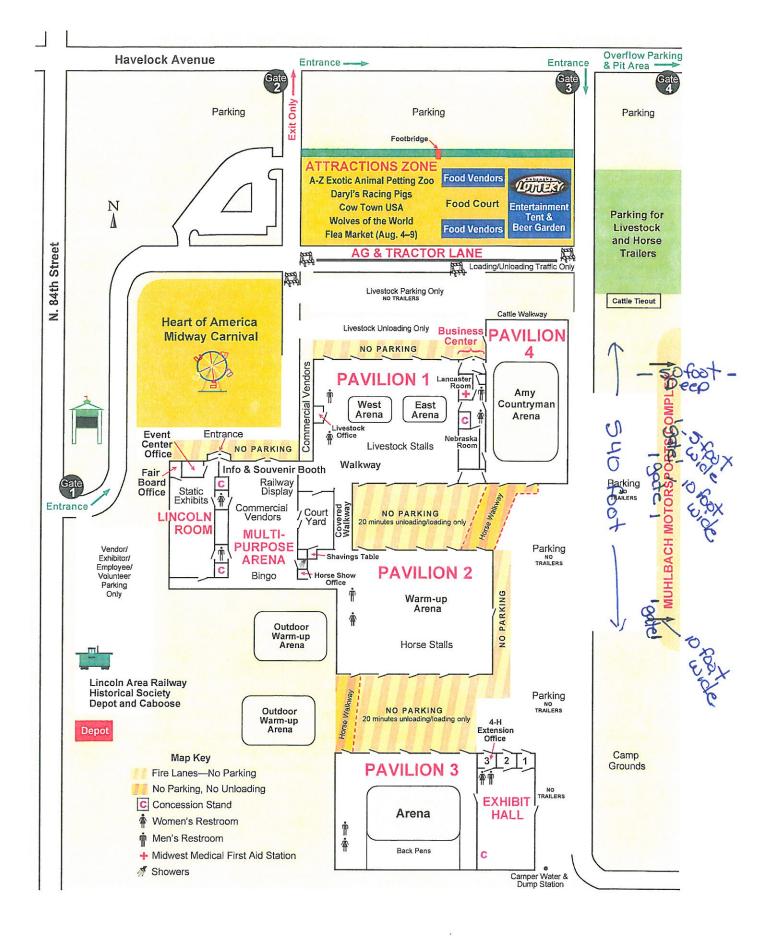
GENERAL NOTARY - State of Nebraska
CRYSTAL YEUTTER
My Comm. Exp. Oct. 21, 2016

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# SUPPLEMENTAL FORM REQUIRED FOR ALL OUTDOOR EVENTS

(Including those for Non Profit Organizations)

Name of Event: Touch Engual -	Truck and Tractor Pull			
Applicant and Sponsoring Organization or Individual (if applicable):				
Date(s) of Event: 0 11, 2014	Hours:			
Alternate Date(s):	Hours:			
Is the event open to the public? Yes	No			
How will you ensure that minors will not be served or co	onsume beverages containing alcohol: Attendeds			
will be 10 and wrist be security staff				
Will food be served? Yes No If ye	es, please list food to be served:			
	ngers, hot dags			
Will non-alcoholic beverages be served: Yes If yes, please list non-alcoholic beverages to be served:	No			
pop, gatorade, water				
Who will serve the beverages containing alcohol?  Must complete Server/Seller Applicant Inform	- EC Staff nation Sheet.			
Have the designated servers received responsible bever	rage server training?Yes No			
Will there be a charge for admission? Yes	No			
In the last 12 months, have you received notice of a liquityou were the special designated licensee? Yes	or law violation that occurred during an event at which No If so, explain:			
any	6/25/14			
Applicant's Signature	Date			



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